

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

WESTERMAN FOR CONGRESS

ADDRESS (number and street)  
▼

PO BOX 21097

Check if different  
than previously  
reported. (ACC)

HOT SPRINGS

AR

71903

2. FEC IDENTIFICATION NUMBER ▼

C

C00548180

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

AR

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRADLEY CRATE

Signature of Treasurer

BRADLEY CRATE

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

**WESTERMAN FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	183854.59	485229.51
(b) Total Contribution Refunds (from Line 20(d)) .....	500.00	5575.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	183354.59	479654.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	90853.50	303858.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	90853.50	303857.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	179273.98	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 82

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

WESTERMAN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

146209.63

392437.40

**(ii) Unitemized.....**

9920.36

40233.97

**(iii) TOTAL of contributions from individuals ▶**

156129.99

432671.37

**(b) Political Party Committees.....**

5000.00

5000.00

**(c) Other Political Committees (such as PACs).....**

20800.00

35300.00

**(d) The Candidate.....**

1924.60

12258.14

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

183854.59

485229.51

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

3477.42

3477.42

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.20

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

187332.01

488707.13

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 82

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	90853.50	303858.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	500.00	5575.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	500.00	5575.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	91353.50	309433.15

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	83295.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	187332.01
25. SUBTOTAL (add Line 23 and Line 24).....	270627.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	91353.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	179273.98

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MR. EDWARD ABEL</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address 208 LEDGERWOOD ROAD APARTMENT 4		<b>Transaction ID : SA11AI.5888</b>	
City HOT SPRINGS	State AR	Zip Code 71913	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer MICHAELS MACHINE	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MR. JEREMY ABELSON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2014	
Mailing Address 3777 S DAHLIA STREET		<b>Transaction ID : SA11AI.5871</b>	
City CHERRY HILLS VILLAGE	State CO	Zip Code 80113	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>DR. JAMES R. ADAMETZ</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 5201 NORTSHORE DRIVE		<b>Transaction ID : SA11AI.6460</b>	
City NORTH LITTLE ROCK	State AR	Zip Code 72118	Amount of Each Receipt this Period 231.27
FEC ID number of contributing federal political committee. C			
Name of Employer ARKANSAS SURGICAL HOSPITAL LLC	Occupation PARTNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 231.27		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1500.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 82  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>DR. RUSSELL ALLISON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 5201 NORTHSHORE DRIVE		Transaction ID : SA11AI.6461
City NORTH LITTLE ROCK	State AR	Zip Code 72118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.88
Name of Employer ARKANSAS SURGICAL HOSPITAL LLC	Occupation PARTNER	PARTNERSHIP ATTRIBUTION - ARKANSAS SURGICAL HOSPITAL LLC [MEMO ITEM]
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 13.88	

Full Name (Last, First, Middle Initial) <b>MR. JIM F ANDREWS JR.</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 511 OAK MANOR DRIVE		Transaction ID : SA11AI.5962
City EL DORADO	State AR	Zip Code 71730
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer DELTIC TIMBER CORPORATION	Occupation VICE PRESIDENT & GENERAL COUNSEL	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>MR. STEVEN M ANTHONY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 701 OVERSTREET DRIVE		Transaction ID : SA11AI.5913
City FORDYCE	State AR	Zip Code 71742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer ANTHONY TIMBERLANDS, INC.	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3600.00
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ARKANSAS SURGICAL HOSPITAL LLC

Mailing Address 5201 NORTHSORE DRIVE

City

NORTH LITTLE ROCK

State

AR

Zip Code

72118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5805

Amount of Each Receipt this Period

2500.00

PARTNERSHIP CONTRIBUTION - SEE ATTRIBUTION

Full Name (Last, First, Middle Initial)

B. AR NATURAL RESOURCES

Mailing Address 2949 N POINT CIRCLE  
STE. 2

City

FAYETTEVILLE

State

AR

Zip Code

72704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2014

Transaction ID : SA11AI.5803

Amount of Each Receipt this Period

500.00

PARTNERSHIP CONTRIBUTION - ATTRIBUTION  
REQUESTED

Full Name (Last, First, Middle Initial)

C. DR. JAMES M. ARTHUR MD

Mailing Address 1 MERCY LANE  
SUITE 502

City

HOT SPRINGS NATIONAL PARK

State

AR

Zip Code

71913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOT SPRINGS NS CLINIC

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		08		2014

Transaction ID : SA11AI.5901

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

4500.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MRS. LEE A. ARTHUR****A.**

Mailing Address 412 LONG ISLAND DRIVE

City

HOT SPRINGS NATIONAL PARK

State

AR

Zip Code

71913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2014

**Transaction ID : SA11AI.5862**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**MS. JANE BALCH****B.**

Mailing Address 1 NARVAEZ LANE

City

HOT SPRINGS VILLAGE

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☐ Primary    ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

**Transaction ID : SA11AI.5948**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**MR. CARL BARNES****C.**

Mailing Address 44 RIDGEMOOR DRIVE

City

ST. LOUIS

State

MO

Zip Code

63105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REED LUMBER CO., L.L.C.Occupation  
PRESIDENT

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2014

**Transaction ID : SA11AI.5926**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

3500.00

**TOTAL** This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. DAVID L BARTLETT

Mailing Address 5036 EAST CRESTWOOD DRIVE

City

LITTLE ROCK

State

AR

Zip Code

72207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIMMONS FIRST BANKOccupation  
PRESIDENT, CHIEF BANKING OFFICER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		06		2014

Transaction ID : SA11AI.5933

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR. BILL BEAM

Mailing Address 1110 REDBUD DR

City

MENA

State

AR

Zip Code

71953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
CPA

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Transaction ID : SA11AI.5809

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MR. BILLY BEAM

Mailing Address 205 REINE STREET

City

MENA

State

AR

Zip Code

71953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Transaction ID : SA11AI.5974

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 10 OF 82

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DR. JAMES BECKMAN</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	06		30		2014
M M M	/	D D D	/	Y Y Y Y Y									
06		30		2014									
Mailing Address 2081 DIME DRIVE		<b>Transaction ID : SA11AI.5911</b>											
City SPRINGDALE	State AR	Zip Code 72764-7190											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>1000.00</div>											
Name of Employer THERAPON	Occupation PLASTIC SURGEON												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>1000.00</div>												
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MR. F.M. BELLINGRATH III</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>17</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	06		17		2014
M M M	/	D D D	/	Y Y Y Y Y									
06		17		2014									
Mailing Address 18 LONGMEADOW		<b>Transaction ID : SA11AI.5880</b>											
City PINE BLUFF	State AR	Zip Code 71603											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>500.00</div>											
Name of Employer AUTOMATIC VENDING OF ARKANSAS	Occupation OWNER												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>500.00</div>												
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MR. ED BETHUNE</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	05		21		2014
M M M	/	D D D	/	Y Y Y Y Y									
05		21		2014									
Mailing Address 11 IVERS DRIVE		<b>Transaction ID : SA11AI.5945</b>											
City LITTLE ROCK	State AR	Zip Code 72223											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>1000.00</div>											
Name of Employer RETIRED	Occupation RETIRED												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>1000.00</div>												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<div>2500.00</div>											
<b>TOTAL</b> This Period (last page this line number only).....		<div></div>											

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. ROBERT R BLACK III

A.

Mailing Address PO BOX 55

City

EL DORADO

State

AR

Zip Code

71730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TIMBERLAND RESOURCES, LTD

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

Transaction ID : SA11AI.5893

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

MR. GUS BLASS III

B.

Mailing Address 212 CENTER STREET  
SUITE 800

City

LITTLE ROCK

State

AR

Zip Code

72201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAPITAL PROPERTIES

Occupation

GENERAL PARTNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

Transaction ID : SA11AI.5851

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MR. STEVE BOVA

C.

Mailing Address 10 RIVER GLEN CIR

City

LITTLE ROCK

State

AR

Zip Code

72202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CLARK BOVA GROUP

Occupation

PARTNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2014

Transaction ID : SA11AI.5943

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3900.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**DR. SCOTT BOWEN**

Mailing Address 5201 NORTHSORE DRIVE

City

NORTH LITTLE ROCK

State

AR

Zip Code

72118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARKANSAS SURGICAL HOSPITAL LLC

Occupation

PARTNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

231.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6462

Amount of Each Receipt this Period

231.27

PARTNERSHIP ATTRIBUTION - ARKANSAS  
SURGICAL HOSPITAL LLC  
[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**MS. CHARLOTTE S BRADBURY**

Mailing Address 4 EDGEHILL ROAD

City

LITTLE ROCK

State

AR

Zip Code

72207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.5855

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**MR. CURTIS F BRADBURY JR.**Mailing Address C/O STEPHENS INC  
111 CENTER STREET

City

LITTLE ROCK

State

AR

Zip Code

72201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STEPHENS, INC.

Occupation

COO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2014

Transaction ID : SA11AI.5837

Amount of Each Receipt this Period

2600.00

**SUBTOTAL** of Receipts This Page (optional).....

5200.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. ROBERT T BRANDT**

Mailing Address 19 SANCHEZ POINT

City

HOT SPRINGS NATIONAL PARK

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

446.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6011

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**MRS. DOROTHY P BROTHERTON**

Mailing Address PO BOX 1347

City

MENA

State

AR

Zip Code

71953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRODIX INC.

Occupation

OWNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2014

Transaction ID : SA11AI.5882

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**MR. JV BROTHERTON**

Mailing Address P.O. BOX 1347

City

MENA

State

AR

Zip Code

71953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRODIX INC.

Occupation

CEO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2014

Transaction ID : SA11AI.5826

Amount of Each Receipt this Period

2600.00

**SUBTOTAL** of Receipts This Page (optional).....

5400.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. TIMOTHY F. BUTLER

A.

Mailing Address 101 EVERGREEN

City

EL DORADO

State

AR

Zip Code

71730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MURPHY OIL CORPORATION

Occupation

VICE PRESIDENT, TAX

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

Transaction ID : SA11AI.5964

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

DR. MICHAEL CALHOUN

B.

Mailing Address 5201 NORTHSORE DRIVE

City

NORTH LITTLE ROCK

State

AR

Zip Code

72118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARKANSAS SURGICAL HOSPITAL LLC

Occupation

PARTNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

173.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6463

Amount of Each Receipt this Period

173.45

PARTNERSHIP ATTRIBUTION - ARKANSAS  
SURGICAL HOSPITAL LLC  
[MEMO ITEM]

Full Name (Last, First, Middle Initial)

MR. RONALD M CAMERON

C.

Mailing Address P.O. BOX 21440

City

LITTLE ROCK

State

AR

Zip Code

72221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNTAIRE CORPORATION

Occupation

CHAIRMAN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2014

Transaction ID : SA11AI.5832

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

CAPITOL ADVISORS GROUP

Mailing Address 1401 W. CAPITOL AVENUE  
SUITE 247

City	State	Zip Code
LITTLE ROCK	AR	72201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Transaction ID : SA11AI.5807

Amount of Each Receipt this Period

1000.00

PARTNERSHIP CONTRIBUTION - SEE ATTRIBUTION

Full Name (Last, First, Middle Initial)

MRS. DIXIE CARLSON

Mailing Address 1253 ST HWY 147 N

City	State	Zip Code
MARION	AR	72364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.5956

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MRS. DIXIE CARLSON

Mailing Address 1253 ST HWY 147 N

City	State	Zip Code
MARION	AR	72364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6209

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1280.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 82  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MR. DABBS CAVIN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2014	
Mailing Address 14203 CLARBORNE COURT		<b>Transaction ID : SA11AI.5847</b>	
City LITTLE ROCK	State AR	Zip Code 72211	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MOUNTAIRE CORPORATION	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MR. CHARLES J CELLA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address 705 OLIVE STREET SUITE 804		<b>Transaction ID : SA11AI.5923</b>	
City ST. LOUIS	State MO	Zip Code 63101	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer OAKLAWN RACING AND GAMING	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MR. LOUIS A CELLA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014	
Mailing Address 705 OLIVE STREET STE. 804		<b>Transaction ID : SA11AI.5972</b>	
City ST. LOUIS	State MO	Zip Code 63101	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer OAKLAWN RACING AND GAMING	Occupation VICE PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		_____ 1500.00	
<b>TOTAL</b> This Period (last page this line number only).....		_____	



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

PAGE 17 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. JIM CHAMBERLAIN

Mailing Address 1050 W. WASHINGTON STREET

SUITE 214

City

TEMPE

State

AZ

Zip Code

85281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUN STATE BUILDERS

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Transaction ID : SA11AI.5928

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

DR. JOHN CHEAIRS

Mailing Address 5201 NORTHSORE DRIVE

City

NORTH LITTLE ROCK

State

AR

Zip Code

72118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARKANSAS SURGICAL HOSPITAL LLC

Occupation

PARTNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

28.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6464

Amount of Each Receipt this Period

28.91

PARTNERSHIP ATTRIBUTION - ARKANSAS  
SURGICAL HOSPITAL LLC  
[MEMO ITEM]

Full Name (Last, First, Middle Initial)

MRS. DAVID O. CORLEY

Mailing Address 69 PLEASANT OAKS

PO BOX 74

City

SMACKOVER

State

AR

Zip Code

71762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SA11AI.5895

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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FOR LINE NUMBER: PAGE 18 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MR. MERVYN CORLEY</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>07</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	05		07		2014
M M M	/	D D D	/	Y Y Y Y Y									
05		07		2014									
Mailing Address 408 ABLE DRIVE		<b>Transaction ID : SA11AI.5897</b>											
City EL DORADO	State AR	Zip Code 71730											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>250.00</div>											
Name of Employer CORLEY TRUST	Occupation PARTNER												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>250.00</div>												

  

<b>B.</b> Full Name (Last, First, Middle Initial) <b>MR. TIMOTHY COSTA</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>17</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	05		17		2014
M M M	/	D D D	/	Y Y Y Y Y									
05		17		2014									
Mailing Address 425 L STREET NW APARTMENT 1312		<b>Transaction ID : SA11AI.5976</b>											
City WASHINGTON	State DC	Zip Code 20001											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>500.00</div>											
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>500.00</div>												

  

<b>C.</b> Full Name (Last, First, Middle Initial) <b>MR. JOHN F COTNER</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	06		30		2014
M M M	/	D D D	/	Y Y Y Y Y									
06		30		2014									
Mailing Address 5929 BROADWAY		<b>Transaction ID : SA11AI.6010</b>											
City MANSFIELD	State AR	Zip Code 72944											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>200.00</div>											
Name of Employer RETIRED US AIR FORCE	Occupation RETIRED												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>400.00</div>												

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....		<div>950.00</div>	
<b>TOTAL</b> This Period (last page this line number only).....		<div></div>	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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FOR LINE NUMBER:

PAGE 19 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. LARRY CRAIN

Mailing Address 5980 WADLEY ROAD

City

SHERWOOD

State

AR

Zip Code

72120

FEC ID number of contributing federal political committee.

C

Name of Employer

CRAIN MANAGEMENT GROUP, LLC

Occupation

OWNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2014

Transaction ID : SA11AI.5884

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MR. H. R CROSS

Mailing Address 10508 JENNY LIND ROAD

City

FORT SMITH

State

AR

Zip Code

72908

FEC ID number of contributing federal political committee.

C

Name of Employer

AT&amp;T

Occupation

EXTERNAL/LEGISLATIVE AFFAIRS

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5848

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR. SETH DAVIDOW

Mailing Address 4904 ABBOTT AVENUE

City

DALLAS

State

TX

Zip Code

75205

FEC ID number of contributing federal political committee.

C

Name of Employer

RECORE, INC.

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2014

Transaction ID : SA11AI.5925

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

2500.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

DR. DAN DAVIDSON

A.

Mailing Address 7 EDGE HILL ROAD

City

SEARCY

State

AR

Zip Code

72143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Transaction ID : SA11AI.5909

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MS. DENICE A DAVIS

B.

Mailing Address P.O. BOX 368

City

PEARCY

State

AR

Zip Code

71964

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.5863

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MRS. LEVI DAVIS

C.

Mailing Address 137 S BOWSER RD

City

MONTICELLO

State

AR

Zip Code

71655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SA11AI.6082

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. CLAIBORNE P DEMING

Mailing Address P.O. BOX 1009

City

EL DORADO

State

AR

Zip Code

71731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2014

Transaction ID : SA11AI.5875

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MS. ELAINE DEMING

Mailing Address 1502 N EUCLID AVENUE

City

EL DORADO

State

AR

Zip Code

71730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2014

Transaction ID : SA11AI.5875

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MS. JUDY DEWS

Mailing Address 1452 DEWS ROAD

City

MT. HOLLY

State

AR

Zip Code

71758

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.5978

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5450.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. THOMAS DICKSON**

Mailing Address 1815 RANNOCH TERRACE

City

FORT SMITH

State

AR

Zip Code

72908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

T. DICKSON SOLUTIONS

Occupation

OWNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

Transaction ID : SA11AI.5801

Amount of Each Receipt this Period

1000.00

PARTNERSHIP ATTRIBUTION - T. DICKSON  
SOLUTIONS, LLC  
[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**MR. ALEX DILLARD**

Mailing Address 24 EDGEHILL RD

City

LITTLE ROCK

State

AR

Zip Code

72207-5462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DILLARD'S

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5917

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**MRS. CANNELL DILLARD**

Mailing Address 24 EDGEHILL RD

City

LITTLE ROCK

State

AR

Zip Code

72207-5462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5853

Amount of Each Receipt this Period

2600.00

**SUBTOTAL** of Receipts This Page (optional).....

5200.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. EDWARD DRILLING**

Mailing Address 1 GREENBRIER RD.

City

LITTLE ROCK

State

AR

Zip Code

72202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AT&amp;T

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5915

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**MR. JIM BOB DUGGAR**

Mailing Address 548 ARBOR ACRES AVENUE

City

SPRINGDALE

State

AR

Zip Code

72762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5980

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MR. ALAN H DUNCAN**

Mailing Address 25 ST. ANDREWS DRIVE

City

LITTLE ROCK

State

AR

Zip Code

72212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNTAIRE CORPORATION

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2014

Transaction ID : SA11AI.5845

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. ROBERT C EAST

A.

Mailing Address PO BOX 251556

City

LITTLE ROCK

State

AR

Zip Code

72225-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EAST HARDING CONSTRUCTION

Occupation

CHAIRMAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5831

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

MR. GAR EISELE

B.

Mailing Address 76 CRAIG STREET

City

MENA

State

AR

Zip Code

71953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WASHBURN'S INC.

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2014

Transaction ID : SA11AI.5931

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

DR. BRIAN ELLMAN

C.

Mailing Address 3510 TURTLE CREEK BLVD.

City

DALLAS

State

TX

Zip Code

75219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EAST RADIOLOGY

Occupation

RADIOLOGIST

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2014

Transaction ID : SA11AI.5939

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. DONALD J ELROD

A.

Mailing Address 8528 SHIMROD STREET

City

BENTON

State

AR

Zip Code

72019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MID-SOUTH ENGINEERING COMPANY

Occupation

ENGINEER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2014

Transaction ID : SA11AI.6020

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

MR. JOHN EMMONS

B.

Mailing Address 33 ALICANTE PLACE

City

HOT SPRINGS VILLAGE

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

626.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2014

Transaction ID : SA11AI.6214

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

MR. JOHN EMMONS

C.

Mailing Address 33 ALICANTE PLACE

City

HOT SPRINGS VILLAGE

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

726.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2014

Transaction ID : SA11AI.6069

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

280.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 82  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR. DUKE FAKOURI</b>			Date of Receipt M M / D D / Y Y Y Y <b>06 / 30 / 2014</b>	
Mailing Address <b>15 SOUTHERN PINES</b>			<b>Transaction ID : SA11AI.5921</b>	
City <b>PINE BLUFF</b>	State <b>AR</b>	Zip Code <b>71603</b>	Amount of Each Receipt this Period <b>500.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>M.K. DISTRIBUTORS, INC.</b>		Occupation <b>PRESIDENT</b>		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>500.00</b>		

Full Name (Last, First, Middle Initial) <b>MR. THOMAS M FERSTL</b>			Date of Receipt M M / D D / Y Y Y Y <b>06 / 25 / 2014</b>	
Mailing Address <b>701SHEA DR</b>			<b>Transaction ID : SA11AI.6125</b>	
City <b>LITTLE ROCK</b>	State <b>AR</b>	Zip Code <b>72205</b>	Amount of Each Receipt this Period <b>100.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>FERSTL VALUATION SERVICES</b>		Occupation <b>OWNER</b>		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>300.00</b>		

Full Name (Last, First, Middle Initial) <b>MR. PHILLIP FINE</b>			Date of Receipt M M / D D / Y Y Y Y <b>06 / 29 / 2014</b>	
Mailing Address <b>181 MIDDLETON WAY</b>			<b>Transaction ID : SA11AI.5873</b>	
City <b>SACRAMENTO</b>	State <b>CA</b>	Zip Code <b>95864</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>INFORMATION REQUESTED</b>		Occupation <b>INFORMATION REQUESTED</b>		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>1000.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 27 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. JAMES I. FREEMAN

A.

Mailing Address 3711 WATER OAK

City

TEXARKANA

State

AR

Zip Code

71854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DILLARD'SOccupation  
CFO

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		20		2014

Transaction ID : SA11AI.5829

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MR. JAMES I. FREEMAN

B.

Mailing Address 3711 WATER OAK

City

TEXARKANA

State

AR

Zip Code

71854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DILLARD'SOccupation  
CFO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		20		2014

Transaction ID : SA11AI.5830

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MR. CLAYTON FRENCH

C.

Mailing Address 1208 BUTTERFIELD TRAIL

City

VAN BUREN

State

AR

Zip Code

72956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USPSOccupation  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

475.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2014

Transaction ID : SA11AI.6142

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 28 OF 82  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
           12       13a       13b       14       15

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 NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MRS. JONELLE FULMER</b> Mailing Address 5209 ROSEWOOD CIRCLE  <table style="width: 100%;"> <tr> <td style="width: 33%;">City FORT SMITH</td> <td style="width: 33%;">State AR</td> <td style="width: 33%;">Zip Code 72903</td> </tr> </table> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer HOMEMAKER</td> <td style="width: 66%;">Occupation HOMEMAKER</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2014  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)         </td> <td style="width: 66%;">Election Cycle-to-Date  <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> </td> </tr> </table>			City FORT SMITH	State AR	Zip Code 72903	Name of Employer HOMEMAKER	Occupation HOMEMAKER	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 06       18       2014</div> </div> <b>Transaction ID : SA11AI.5867</b>  Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>	
City FORT SMITH	State AR	Zip Code 72903									
Name of Employer HOMEMAKER	Occupation HOMEMAKER										
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>										
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MRS. LESLIE F. GILLIAM</b> Mailing Address P.O. BOX 820  <table style="width: 100%;"> <tr> <td style="width: 33%;">City KESWICK</td> <td style="width: 33%;">State VA</td> <td style="width: 33%;">Zip Code 22947</td> </tr> </table> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer INFORMATION REQUESTED</td> <td style="width: 66%;">Occupation INFORMATION REQUESTED</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2014  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)         </td> <td style="width: 66%;">Election Cycle-to-Date  <div style="border: 1px solid black; padding: 2px; text-align: right;">2600.00</div> </td> </tr> </table>			City KESWICK	State VA	Zip Code 22947	Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">2600.00</div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 06       30       2014</div> </div> <b>Transaction ID : SA11AI.5982</b>  Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2600.00</div>	
City KESWICK	State VA	Zip Code 22947									
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED										
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">2600.00</div>										
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MR. RICHARD BAXTER GILLIAM</b> Mailing Address P.O. BOX 820  <table style="width: 100%;"> <tr> <td style="width: 33%;">City KESWICK</td> <td style="width: 33%;">State VA</td> <td style="width: 33%;">Zip Code 22947</td> </tr> </table> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer CUMBERLAND DEVELOPMENT</td> <td style="width: 66%;">Occupation PRESIDENT &amp; CEO</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2014  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)         </td> <td style="width: 66%;">Election Cycle-to-Date  <div style="border: 1px solid black; padding: 2px; text-align: right;">2600.00</div> </td> </tr> </table>			City KESWICK	State VA	Zip Code 22947	Name of Employer CUMBERLAND DEVELOPMENT	Occupation PRESIDENT & CEO	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">2600.00</div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 06       30       2014</div> </div> <b>Transaction ID : SA11AI.5984</b>  Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2600.00</div>	
City KESWICK	State VA	Zip Code 22947									
Name of Employer CUMBERLAND DEVELOPMENT	Occupation PRESIDENT & CEO										
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">2600.00</div>										
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">5700.00</div>								
<b>TOTAL</b> This Period (last page this line number only) .....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>								

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. GEORGE G GLEASON II

Mailing Address PO BOX 8811

City

LITTLE ROCK

State

AR

Zip Code

72231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BANK OF THE OZARKS

Occupation

CHAIRMAN AND CEO

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Transaction ID : SA11AI.5966

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MRS. LINDA GLEASON

Mailing Address 7 ST. CLOUD CIRCLE

City

LITTLE ROCK

State

AR

Zip Code

72223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5859

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MR. DOUG GRIMMETT

Mailing Address 1278 LACEY NEW HOPE ROAD

City

MONTICELLO

State

AR

Zip Code

71655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARKANSAS FORESTRY COMMISSION

Occupation

DISTRICT FORESTER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SA11AI.5840

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MRS. SHERI HARDMAN

A.

Mailing Address 158 ARKOTA SHORES

City

HOT SPRINGS

State

AR

Zip Code

71913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

Transaction ID : SA11AI.5986

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MRS. SHERI HARDMAN

B.

Mailing Address 158 ARKOTA SHORES

City

HOT SPRINGS

State

AR

Zip Code

71913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6014

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

DR. THOMAS HART

C.

Mailing Address 5201 NORTSHORE DRIVE

City

NORTH LITTLE ROCK

State

AR

Zip Code

72118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARKANSAS SURGICAL HOSPITAL LLC

Occupation

PARTNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

231.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6465

Amount of Each Receipt this Period

231.27

PARTNERSHIP ATTRIBUTION - ARKANSAS  
SURGICAL HOSPITAL LLC  
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 31 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DR. FARRELL HASS

Mailing Address 117 RAVENWOOD PLACE

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

Transaction ID : SA11AI.5905

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR. BILL HEFLEY

Mailing Address 5201 NORTHSORE DRIVE

City

NORTH LITTLE ROCK

State

AR

Zip Code

72118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARKANSAS SURGICAL HOSPITAL LLC

Occupation

PARTNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

231.27

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6466

Amount of Each Receipt this Period

231.27

PARTNERSHIP ATTRIBUTION - ARKANSAS  
SURGICAL HOSPITAL LLC  
[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MS. BETTY J HERRMANN

Mailing Address 364 HERRMANN TRAIL

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6138

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. J. FRENCH HILL

A.

Mailing Address 7 CANTRELL ROAD

City

LITTLE ROCK

State

AR

Zip Code

72207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOUNDER AND CEOOccupation  
DELTA TRUST

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2014

Transaction ID : SA11AI.5838

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. LOYDE HUDSON

B.

Mailing Address PO BOX 8400

City

FAYETTEVILLE

State

AR

Zip Code

72703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

Transaction ID : SA11AI.6085

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MR. JOHN F JENKINS

C.

Mailing Address 284 HIDEAWAY HILLS DRIVE

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOHN JENKINS CONTRACTINGOccupation  
OWNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5885

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MRS. ADRIENNE KAHN

A.

Mailing Address 220 LOOKOUT CIRCLE

City

HOT SPRINGS

State

AR

Zip Code

71913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

JEWELER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

Transaction ID : SA11AI.5876

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

MR. NICK KARR

B.

Mailing Address 6537 LINDEN LANE

City

DALLAS

State

TX

Zip Code

75230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TELEPRESENCE HEALTH COMMUNICATION

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

Transaction ID : SA11AI.5930

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MS. MAUREEN C KEESE

C.

Mailing Address 369 POLK ROAD 83

City

MENA

State

AR

Zip Code

71953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RICH MOUNTAIN COMMUNITY COLLEG

Occupation

DIRECTOR OF LIFELONG LEARNING

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Transaction ID : SA11AI.5988

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. SPENCER KEESE**

Mailing Address 260 PLACID PL

City

HOT SPRINGS

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASHLAND INC

Occupation

PULP/PAPER INDUSTRY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		28		2014

Transaction ID : SA11AI.5937

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MS. MARY L KERN**

Mailing Address 9 VIENTO CIRCLE

City

HOT SPRINGS VILLAGE

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6095

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**MS. ANNA KOONCE**Mailing Address 956 BOWSER ROAD  
PO BOX 3114

City

MONTICELLO

State

AR

Zip Code

71656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5953

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1350.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. ELLYCE LINDBERG**

Mailing Address 2901 CITYPLACE WEST BLVD.

#541

City

DALLAS

State

TX

Zip Code

75204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DALLAS COUNTY DISTRICT ATTORNEY'S OFFICE

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2014

Transaction ID : SA11AI.5815

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**DR. JERRY J. LORIO**

Mailing Address 5201 NORTHSORE DRIVE

City

NORTH LITTLE ROCK

State

AR

Zip Code

72118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARKANSAS SURGICAL HOSPITAL LLC

Occupation

PARTNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

115.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6467

Amount of Each Receipt this Period

115.63

PARTNERSHIP ATTRIBUTION - ARKANSAS  
SURGICAL HOSPITAL LLC  
[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**MR. MITCHELL LOWE**

Mailing Address 11212 ROCKY VALLEY DRIVE

City

LITTLE ROCK

State

AR

Zip Code

72212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAPITOL ADVISORS GROUP

Occupation

PARTNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Transaction ID : SA11AI.5800

Amount of Each Receipt this Period

500.00

PARTNERSHIP ATTRIBUTION - CAPITOL ADVISORS  
GROUP  
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 82

☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 15  
12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
**MR. GEORGE A. MAKRIS JR.**

Mailing Address **7 ARBOR DELL**

City State Zip Code  
**PINE BLUFF AR 71603**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SIMMONS FIRST NATIONAL CORP.**

Occupation  
**CEO**

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

**06 / 30 / 2014**

Transaction ID : **SA11AI.5827**

Amount of Each Receipt this Period

**500.00**

B. Full Name (Last, First, Middle Initial)  
**MS. CAROLE MARTIN**

Mailing Address **P.O. BOX 469**

City State Zip Code  
**MENA AR 71953**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**5200.00**

Date of Receipt

**06 / 27 / 2014**

Transaction ID : **SA11AI.5941**

Amount of Each Receipt this Period

**2600.00**

C. Full Name (Last, First, Middle Initial)  
**DR. KENNETH A. MARTIN**

Mailing Address **5201 NORTSHORE DRIVE**

City State Zip Code  
**NORTH LITTLE ROCK AR 72118**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ARKANSAS SURGICAL HOSPITAL LLC**

Occupation  
**PARTNER**

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**289.08**

Date of Receipt

**06 / 30 / 2014**

Transaction ID : **SA11AI.6468**

Amount of Each Receipt this Period

**289.08**

PARTNERSHIP ATTRIBUTION - ARKANSAS  
SURGICAL HOSPITAL LLC  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3100.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 37 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

DR. J. ZACHARY MASON

Mailing Address 5201 NORTHSORE DRIVE

City

NORTH LITTLE ROCK

State

AR

Zip Code

72118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARKANSAS SURGICAL HOSPITAL LLC

Occupation

PARTNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

289.08

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6469

Amount of Each Receipt this Period

289.08

 PARTNERSHIP ATTRIBUTION - ARKANSAS  
 SURGICAL HOSPITAL LLC  
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

MR. RICHARD N. MASSEY

Mailing Address 4610 CRESTWOOD DRIVE

City

LITTLE ROCK

State

AR

Zip Code

72207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WESTROCK CAPITAL PARTNERS

Occupation

PARTNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

Transaction ID : SA11AI.5899

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MR. THOMAS V MAXWELL

Mailing Address 1010 BARKADA RD.

City

MONTICELLO

State

AR

Zip Code

71655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAXWELL HARDWOOD FLOORING

Occupation

OWNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2014

Transaction ID : SA11AI.5886

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4600.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 38 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. THOMAS W MAXWELL****A.**

Mailing Address 386 OLD HIGHWAY 13

City

MONTICELLO

State

AR

Zip Code

71655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAXWELL HARDWOOD FLOORING

Occupation

DIRECTOR OF OPERATIONS

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2014

**Transaction ID : SA11AI.5970**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MR. SCOTT MCGEORGE****B.**

Mailing Address P.O. BOX 7008

City

PINE BLUFF

State

AR

Zip Code

71611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PINE BLUFF SAND AND GRAVEL

Occupation

OWNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

**Transaction ID : SA11AI.5924**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**WILLIAM MCINVALE****C.**

Mailing Address PO BOX 1399

City

HOT SPRINGS

State

AR

Zip Code

71902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MID-SOUTH ENGINEERING CO.

Occupation

ENGINEER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2014

**Transaction ID : SA11AI.5842**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional).....

3500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 39 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. JOHN R MEYERS

A.

Mailing Address 2000 CARLETON PLACE

City

FORT SMITH

State

AR

Zip Code

72908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5959

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. ROBERT MADISON MURPHY

B.

Mailing Address 200 N JEFFERSON SUITE 400

City

EL DORADO

State

AR

Zip Code

71730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

INVESTOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2014

Transaction ID : SA11AI.5874

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

MR. SHEFFIELD NELSON

C.

Mailing Address 25 PHELLOS COURT

City

LITTLE ROCK

State

AR

Zip Code

72223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JACK NELSON JONES

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5968

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

3250.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 40 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. ROBERT C NOLAN

A.

Mailing Address 200 N. JEFFERSON AVENUE  
SUITE 308

City	State	Zip Code
EL DORADO	AR	71730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DELTIC TIMBER CO.

Occupation  
CHAIRMAN OF THE BOARD

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5833

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MR. BERNARD T NUGENT

B.

Mailing Address 64 RESPLANDOR WAY

City	State	Zip Code
HOT SPRINGS	AR	71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2014

Transaction ID : SA11AI.5999

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

MS. MARY L OFFUTT

C.

Mailing Address 229 TWIN CREEK ROAD

City	State	Zip Code
MT. IDA	AR	71957

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6176

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2850.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 41 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MS. DOROTHY M OTTO

A.

Mailing Address 90 HARTURA WAY

City

HOT SPRINGS VILLAGE

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6276

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

MR. KEVIN PAILET

B.

Mailing Address 11325 CHICOT DRIVE

City

DALLAS

State

TX

Zip Code

75230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARSH &amp; MCLENNAN AGENCY

Occupation

SVP, PRINCIPAL

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

Transaction ID : SA11AI.5961

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MRS. AMY PHELPS

C.

Mailing Address 107 POLK 673

City

MENA

State

AR

Zip Code

71953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MENA REGIONAL HEALTH SYSTEM

Occupation

DIRECTOR OF QUALITY SERVICES

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Transaction ID : SA11AI.5990

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2010.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 42 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. JERROLD PRUDEN

A.

Mailing Address 1908 PRINCETON DR

City

HOPE

State

AR

Zip Code

71801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2014

Transaction ID : SA11AI.5958

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. JERROLD PRUDEN

B.

Mailing Address 1908 PRINCETON DR

City

HOPE

State

AR

Zip Code

71801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2014

Transaction ID : SA11AI.5947

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MR. MANUEL RAJUNOV

C.

Mailing Address 1250 WILDFIRE LANE

City

FRISCO

State

TX

Zip Code

75033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DLA PIPER

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2014

Transaction ID : SA11AI.5816

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 43 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROBIN RAVEENDRAN

Mailing Address 1610 WEST 3RD STREET

City

LITTLE ROCK

State

AR

Zip Code

72201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

A.O. DAYSPRING

Occupation

OPERATION DIRECTOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6183

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

MR. MICHAEL L. RETZER SR.

Mailing Address 145 BAYAOU ROAD

City

GREENVILLE

State

MS

Zip Code

38701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETZER RESOURCES

Occupation

RESTAURANT OWNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.5940

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

DR. DAVID M. RHODES

Mailing Address 5201 NORTSHORE DRIVE

City

NORTH LITTLE ROCK

State

AR

Zip Code

72118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARKANSAS SURGICAL HOSPITAL LLC

Occupation

PARTNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

231.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6470

Amount of Each Receipt this Period

231.27

PARTNERSHIP ATTRIBUTION - ARKANSAS  
SURGICAL HOSPITAL LLC  
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2650.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

HON. TERRY W. RICE

A.

Mailing Address P.O. BOX 21915

City

WALDRON

State

AR

Zip Code

72958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RICE FURNITURE &amp; APPLIANCE

Occupation

BUSINESS OWNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SA11AI.5821

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. DAVID RONTAL

B.

Mailing Address 1620 LITTLE RAVEN STREET  
UNIT 306

City

DENVER

State

CO

Zip Code

80202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BROWNSTEIN HYATT FARBER SCHRECK

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

Transaction ID : SA11AI.5813

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

DR. SCOTT SCHLESINGER

C.

Mailing Address 36 AVIGNON CT

City

LITTLE ROCK

State

AR

Zip Code

72223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

NEUROSURGEON

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5841

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 45 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. GARY SEWELL

Mailing Address 3400 JUNCTION CITY HIGHWAY

City

EL DORADO

State

AR

Zip Code

71730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEWELL DRILLINGOccupation  
OWNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

Transaction ID : SA11AI.5889

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

DR. REZA SHAHIM

Mailing Address 5201 NORTHSORE DRIVE

City

NORTH LITTLE ROCK

State

AR

Zip Code

72118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARKANSAS SURGICAL HOSPITAL LLCOccupation  
PARTNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

231.27

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6471

Amount of Each Receipt this Period

231.27

PARTNERSHIP ATTRIBUTION - ARKANSAS  
SURGICAL HOSPITAL LLC  
[MEMO ITEM]

Full Name (Last, First, Middle Initial)

DR. ALLAN N SHULKIN

Mailing Address 7777 FOREST LANE  
SUITE B202

City

DALLAS

State

TX

Zip Code

75230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYEDOccupation  
PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5907

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 46 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**DR. ZEV SHULKIN****A.**

Mailing Address 7038 MIDBURY

City

DALLAS

State

TX

Zip Code

75230

FEC ID number of contributing federal political committee.

C

Name of Employer  
SELFOccupation  
PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

**Transaction ID : SA11AI.5903**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MR. JOHN SINCLAIR****B.**

Mailing Address P.O. BOX 2110

City

EL DORADO

State

AR

Zip Code

71730

FEC ID number of contributing federal political committee.

C

Name of Employer  
LYCUS LTDOccupation  
OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2189.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		06		2014

**Transaction ID : SA11AI.6349**

Amount of Each Receipt this Period

189.63

IN-KIND: MEETING EXPENSE: MEALS

Full Name (Last, First, Middle Initial)

**MR. MARK SLOTNICK****C.**

Mailing Address 1926 PARKWOOD ROAD

City

CHARLESTON

State

WV

Zip Code

25314

FEC ID number of contributing federal political committee.

C

Name of Employer  
BAILEY & WYANT, PLLCOccupation  
ATTORNEY

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

**Transaction ID : SA11AI.5811**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2189.63

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 47 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MS. BETTY SMITH

Mailing Address PO BOX 793

City  
MENAState  
ARZip Code  
71953FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Transaction ID : SA11AI.5992

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR. JAMES K SMITH II

Mailing Address 458 BLACKSNAKE ROAD

City  
HOT SPRINGSState  
ARZip Code  
71913FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEITH SMITH COMPANY, LLCOccupation  
PRESIDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5919

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

MR. WILBUR L SMITHER III

Mailing Address 3310 FAIRMOUNT STREET  
APARTMENT 8ECity  
DALLASState  
TXZip Code  
75201FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6021

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2650.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 48 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. PETER SMYKLA JR.

Mailing Address P.O. BOX 1305

City

PINE BLUFF

State

AR

Zip Code

71613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

Transaction ID : SA11AI.5950

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR. SAM SNEAD

Mailing Address P.O. BOX 232

City

MENA

State

AR

Zip Code

71953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		10		2014

Transaction ID : SA11AI.5817

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MR. SAM SNEAD

Mailing Address P.O. BOX 232

City

MENA

State

AR

Zip Code

71953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Transaction ID : SA11AI.5818

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 49 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. LEE H SOLOMON****A.**

Mailing Address 8 NARVAEZ WAY

City

HOT SPRINGS VILLAGE

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

**Transaction ID : SA11AI.6167**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**MR. DUANE SOWELL****B.**

Mailing Address PO BOX 545

City

MALVERN

State

AR

Zip Code

72104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : SA11AI.5994**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**MR. WARREN A. STEPHENS****C.**

Mailing Address 111 CENTER STREET

City

LITTLE ROCK

State

AR

Zip Code

72203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STEPHENS, INC.

Occupation

CHAIRMAN, PRESIDENT AND CEO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

**Transaction ID : SA11AI.5835**

Amount of Each Receipt this Period

2600.00

**SUBTOTAL** of Receipts This Page (optional).....

3150.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 50 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

DR. JACK STERNBERG

A.

Mailing Address 137 BRECKLING CIRCLE

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2014

Transaction ID : SA11AI.5902

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MRS. MARILYN STERNBERG

B.

Mailing Address 137 BRECKLING CIR

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2014

Transaction ID : SA11AI.5861

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

DR. JASON G. STEWART

C.

Mailing Address 5201 NORTSHORE DRIVE

City

NORTH LITTLE ROCK

State

AR

Zip Code

72118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARKANSAS SURGICAL HOSPITAL LLC

Occupation

PARTNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

202.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6472

Amount of Each Receipt this Period

202.35

PARTNERSHIP ATTRIBUTION - ARKANSAS  
SURGICAL HOSPITAL LLC  
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. THERRAL STORY

Mailing Address PO BOX 1885

City

MAGNOLIA

State

AR

Zip Code

71754-1885

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THERRAL STORY WELL SERVICE

Occupation

OWNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5891

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

MS. BETTY JANE STRONG

Mailing Address 6610 MIDDLE WARREN ROAD

City

PINE BLUFF

State

AR

Zip Code

71603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE STRONG COMPANY

Occupation

PARTNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : SA11AI.6024

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MS. BETTY JANE STRONG

Mailing Address 6610 MIDDLE WARREN ROAD

City

PINE BLUFF

State

AR

Zip Code

71603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE STRONG COMPANY

Occupation

PARTNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5898

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MS. BETTY JANE STRONG

Mailing Address 6610 MIDDLE WARREN ROAD

City

PINE BLUFF

State

AR

Zip Code

71603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE STRONG COMPANY

Occupation

PARTNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6025

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MR. GENEVIEVE H STRONG

Mailing Address 6811 BRINKLEY ROAD

City

PINE BLUFF

State

AR

Zip Code

71603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5865

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

T. DICKSON SOLUTIONS, LLC

Mailing Address 1815 RANNOCH TERRACE

City

FORT SMITH

State

AR

Zip Code

72908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.5806

Amount of Each Receipt this Period

1000.00

PARTNERSHIP CONTRIBUTION - SEE ATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 53 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

LARRY TATE

A.

Mailing Address 5425 RIDGEFIELD LANE

City

LITTLE ROCK

State

AR

Zip Code

72223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LITTLE ROCK'S FIRST BAPTIST CHURCH

Occupation

BUSINESS MANAGER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Transaction ID : SA11AI.5819

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR. JEFF TEAGUE

B.

Mailing Address P.O. BOX 11492

City

EL DORADO

State

AR

Zip Code

71731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

CAR DEALER

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		17		2014

Transaction ID : SA11AI.5823

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MRS. DREW R. TERRY

C.

Mailing Address 315 AUTUMNRIDGE CIR

City

HOT SPRINGS

State

AR

Zip Code

71901-7146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		06		2014

Transaction ID : SA11AI.6050

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

1100.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 54 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. BILL VICKERY

 Mailing Address 1401 W. CAPITOL AVENUE  
 SUITE 247

City	State	Zip Code
LITTLE ROCK	AR	72201

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 CAPITOL ADVISORS GROUP

 Occupation  
 PARTNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

Transaction ID : SA11AI.5799

Amount of Each Receipt this Period

500.00

 PARTNERSHIP ATTRIBUTION - CAPITOL ADVISORS GROUP  
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

MS. MARGARET F VINK

Mailing Address 10 ANDORRA TRACE

City	State	Zip Code
HOT SPRINGS VILLAGE	AR	71909

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 RETIRED

 Occupation  
 RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2014

Transaction ID : SA11AI.6088

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MR. JIM WALTON

Mailing Address PO BOX 1860

City	State	Zip Code
BENTONVILLE	AR	72712

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 ARVEST BANK

 Occupation  
 CEO

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5825

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 55 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MRS. LYNNE WALTON

A.

Mailing Address 308 NE C STREET

City

BENTONVILLE

State

AR

Zip Code

72712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5996

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MR. DICK WARRINGTON

B.

Mailing Address 5 ARGA PLACE

City

HOT SPRINGS VILLAGE

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		11		2014

Transaction ID : SA11AI.5954

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MS. ELAINE WARRINGTON

C.

Mailing Address 5 ARGA PLACE

City

HOT SPRINGS VILLAGE

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		11		2014

Transaction ID : SA11AI.5957

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 56 OF 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MRS. MARIA WEINER

A.

Mailing Address 115 TOWER LANE

City

ARKADELPHIA

State

AR

Zip Code

71923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACAP INC.

Occupation

PSYCHOLOGIST

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5935

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MS. JULIA WHITEHEAD

B.

Mailing Address 460 COLUMBIA ROAD 43

City

MAGNOLIA

State

AR

Zip Code

71753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAGNOLIA REGIONAL MEDICAL CENTER

Occupation

MRMC FOUNDATION DIRECTOR

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : SA11AI.5878

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. STEVE WHITEHEAD

C.

Mailing Address 460 COLUMBIA ROAD 43

City

MAGNOLIA

State

AR

Zip Code

71753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

FORESTRY CONSULTANT

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : SA11AI.5850

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

750.00

TOTAL This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. DAVID J WITCHGER

A.

Mailing Address 46 HARTURA WAY

City

HOT SPRINGS

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.5951

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

MR. THOMAS O WOODWORTH

B.

Mailing Address 18 MAJORCA DRIVE

City

HOT SPRINGS VILLAGE

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6015

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

MR. KEVIN YODER

C.

Mailing Address 5631 ABERDEEN ROAD

City

FAIRWAY

State

KS

Zip Code

66205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

YOPAC

Occupation

HONORARY CHAIRMAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SA11AI.5869

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. JEBB T YOUNG

Mailing Address PO BOX 250056

City

LITTLE ROCK

State

AR

Zip Code

72225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ENTREPRENEUR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Transaction ID : SA11Al.5844

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

146209.63

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN PARTY OF ARKANSAS**

Mailing Address 1201 W 6TH STREET

City	State	Zip Code
LITTLE ROCK	AR	72201

FEC ID number of contributing federal political committee.

**C** C00084954

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2014

Transaction ID : SA11B.6319

Amount of Each Receipt this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00

5000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ARKANSAS FOR LEADERSHIP POLITICAL ACTION COMMITTEE (ARLPAC)**

Mailing Address PO BOX 1672

City	State	Zip Code
ALEXANDRIA	VA	22313

FEC ID number of contributing federal political committee.

**C** C00413948

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11C.6334

Amount of Each Receipt this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
**BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILDPAAC)**

Mailing Address 1201 15TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee.

**C** C00000901

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Transaction ID : SA11C.6335

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**GRANT COUNTY REPUBLICAN PARTY**

Mailing Address 209 LILLIAN WOOD DRIVE

City	State	Zip Code
SHERIDAN	AR	72150-6078

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11C.6336

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND**

**A.**

Mailing Address 11250 WAPLES MILL ROAD

City

FAIRFAX

State

VA

Zip Code

22030

FEC ID number of contributing  
federal political committee.

**C** C00053553

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 12 / 2014

**Transaction ID : SA11C.6338**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND**

**B.**

Mailing Address 11250 WAPLES MILL ROAD

City

FAIRFAX

State

VA

Zip Code

22030

FEC ID number of contributing  
federal political committee.

**C** C00053553

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11C.6339**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**NFIB THE VOICE OF FREE ENTERPRISE INC.**

**C.**

Mailing Address 1201 F STREET  
SUITE 200

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C** C90013509

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11C.6337**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional).....

4500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PROSPERITY ACTION INC.**

Mailing Address 1006 PENDLETON STREET

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00377689

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2014

Transaction ID : SA11C.6340

Amount of Each Receipt this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
**RELYANCE BANK POLITICAL ACTION COMMITTEE - FEDERAL**

Mailing Address P.O. BOX 7878  
912 SOUTH POPLAR STREET

City State Zip Code  
PINE BLUFF AR 71611

FEC ID number of contributing federal political committee. **C** C00278754

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11C.6341

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**SIMMONS FIRST NATIONAL BANK POLITICAL ACTION COMMITTEE (SIMPAC) FEDERAL FUND**

Mailing Address PO BOX 7009

City State Zip Code  
PINE BLUFF AR 71611

FEC ID number of contributing federal political committee. **C** C00123885

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11C.6342

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
**STEPHENS INC. FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address **111 CENTER STREET**  
**PO BOX 3507**

City State Zip Code  
**LITTLE ROCK AR 72201**

FEC ID number of contributing  
federal political committee.

**C** **C00166553**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**5000.00**

Date of Receipt

**05** / **27** / **2014**

Transaction ID : **SA11C.6343**

Amount of Each Receipt this Period

**5000.00**

B. Full Name (Last, First, Middle Initial)  
**STEVE FINCHER FOR CONGRESS**

Mailing Address **PO BOX 11153**

City State Zip Code  
**JACKSON TN 38308**

FEC ID number of contributing  
federal political committee.

**C** **C00466854**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

**06** / **27** / **2014**

Transaction ID : **SA11C.6344**

Amount of Each Receipt this Period

**1000.00**

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**6000.00**

**20800.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15  
12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MR. BRUCE WESTERMAN</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address PO BOX 21097			<b>Transaction ID : SA11D.6363</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 1097.13	
HOT SPRINGS	AR	71903	IN-KIND: TRAVEL: MILEAGE	
FEC ID number of contributing federal political committee.		<b>C</b> H4AR04048	Amount of Each Receipt this Period _____ 9348.13	
Name of Employer MID-SOUTH ENGINEERING COMPANY		Occupation ENGINEER/FORESTER	IN-KIND: TRAVEL: MILEAGE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 9348.13		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MR. BRUCE WESTERMAN</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2014	
Mailing Address PO BOX 21097			<b>Transaction ID : SA11D.6365</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 123.03	
HOT SPRINGS	AR	71903	IN-KIND: PROMOTIONAL ITEMS: MAGNETS	
FEC ID number of contributing federal political committee.		<b>C</b> H4AR04048	Amount of Each Receipt this Period _____ 9471.16	
Name of Employer MID-SOUTH ENGINEERING COMPANY		Occupation ENGINEER/FORESTER	IN-KIND: PROMOTIONAL ITEMS: MAGNETS	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 9471.16		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MR. BRUCE WESTERMAN</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address PO BOX 21097			<b>Transaction ID : SA11D.6367</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 704.44	
HOT SPRINGS	AR	71903	IN-KIND: TRAVEL: MILEAGE	
FEC ID number of contributing federal political committee.		<b>C</b> H4AR04048	Amount of Each Receipt this Period _____ 10175.60	
Name of Employer MID-SOUTH ENGINEERING COMPANY		Occupation ENGINEER/FORESTER	IN-KIND: TRAVEL: MILEAGE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 10175.60		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			_____ 1924.60	
<b>TOTAL</b> This Period (last page this line number only).....			_____ 1924.60	



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**ELLING HALVORSON****A.**

Mailing Address 12515 WILLOWS ROAD NE

City

KIRKLAND

State

WA

Zip Code

98034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2014

**Transaction ID : SA12.5795**

Amount of Each Receipt this Period

2600.00

JFC TRANSFER - VICTORY TRUST 2014

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**STEVE HAMILTON****B.**

Mailing Address 7020 FRANKTOWN ROAD

City

WASHOE VALLEY

State

NV

Zip Code

89704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HAMILTON COMPANY

Occupation

MANUFACTURER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

**Transaction ID : SA12.5793**

Amount of Each Receipt this Period

2600.00

JFC TRANSFER - VICTORY TRUST 2014

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**JOHN R. SEIBOLD****C.**

Mailing Address 7000 PINE CANYON ROAD

City

CARSON CITY

State

NV

Zip Code

89704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2014

**Transaction ID : SA12.5797**

Amount of Each Receipt this Period

2600.00

JFC TRANSFER - VICTORY TRUST 2014

**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional).....

0.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

VICTORY TRUST 2014

A.

Mailing Address 228 S WASHINGTON STREET SUITE 115

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C C00564641

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3477.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA12.5789

Amount of Each Receipt this Period

3477.42

JFC TRANSFER - SEE MEMO ENTRIES

Full Name (Last, First, Middle Initial)

RICHARD T. WEISS

B.

Mailing Address 1304 HAWTHORNE LANE

City

HINSDALE

State

IL

Zip Code

60521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WELLS CAPITAL MANAGEMENT

Occupation

INVESTMENT MANAGER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : SA12.5791

Amount of Each Receipt this Period

1000.00

JFC TRANSFER - VICTORY TRUST 2014

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y

Amount of Each Receipt this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SUBTOTAL of Receipts This Page (optional).....

3477.42

TOTAL This Period (last page this line number only).....

3477.42

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 82

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ARKANSAS FEDERATION OF YOUNG REPUBLICANS**

Mailing Address PO BOX 2474

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

City	State	Zip Code
LITTLE ROCK	AR	72203

Amount of Each Disbursement this Period

240.00
--------

Purpose of Disbursement  
FACILITY RENTALCategory/  
Type**Transaction ID : SB17.5751**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. AV ARKANSAS**

Mailing Address 819 W 8TH ST.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

City	State	Zip Code
LITTLE ROCK	AR	72201

Amount of Each Disbursement this Period

407.50
--------

Purpose of Disbursement  
EVENT CONSULTINGCategory/  
Type**Transaction ID : SB17.5752**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. DEMOCRACY ENGINE, LLC**Mailing Address 2125 14TH STREET, NW  
SUITE 101 WEST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

City	State	Zip Code
WASHINGTON	DC	20009

Amount of Each Disbursement this Period

24.97
-------

Purpose of Disbursement  
MERCHANT FEESCategory/  
Type**Transaction ID : SB17.5712**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

672.47

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DEMOCRACY ENGINE, LLC**Mailing Address 2125 14TH STREET, NW  
SUITE 101 WEST

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2014

Amount of Each Disbursement this Period

136.00
--------

Transaction ID : SB17.5721

**B. DEMOCRACY ENGINE, LLC**Mailing Address 2125 14TH STREET, NW  
SUITE 101 WEST

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

Amount of Each Disbursement this Period

32.66
-------

Transaction ID : SB17.5737

**C. DEMOCRACY ENGINE, LLC**Mailing Address 2125 14TH STREET, NW  
SUITE 101 WEST

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

131.85
--------

Transaction ID : SB17.5748

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

300.51

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DEMOCRACY ENGINE, LLC**Mailing Address 2125 14TH STREET, NW  
SUITE 101 WEST

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

37.70
-------

Transaction ID : SB17.5749

**B. DEMOCRACY ENGINE, LLC**Mailing Address 2125 14TH STREET, NW  
SUITE 101 WEST

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

7.90
------

Transaction ID : SB17.5755

**C. DEMOCRACY ENGINE, LLC**Mailing Address 2125 14TH STREET, NW  
SUITE 101 WEST

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

Amount of Each Disbursement this Period

2.07
------

Transaction ID : SB17.5759

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

47.67
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DEMOCRACY ENGINE, LLC**Mailing Address 2125 14TH STREET, NW  
SUITE 101 WEST

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2014

Amount of Each Disbursement this Period

67.17
-------

Transaction ID : SB17.5765

**B. DEMOCRACY ENGINE, LLC**Mailing Address 2125 14TH STREET, NW  
SUITE 101 WEST

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2014

Amount of Each Disbursement this Period

408.13
--------

Transaction ID : SB17.5770

**C. DIAMOND STATE CONSULTING GROUP**

Mailing Address 315 ROCK ST. #901

City LITTLE ROCK State AR Zip Code 72202

Purpose of Disbursement  
DIRECT MAIL PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

13150.20
----------

Transaction ID : SB17.5713

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13625.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DIAMOND STATE CONSULTING GROUP**

Mailing Address 315 ROCK ST. #901

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2014

City	State	Zip Code
LITTLE ROCK	AR	72202

Amount of Each Disbursement this Period

26300.40
----------

Purpose of Disbursement  
DIRECT MAIL PRINTINGCategory/  
Type

Transaction ID : SB17.5717

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. DIAMOND STATE CONSULTING GROUP**

Mailing Address 315 ROCK ST. #901

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

City	State	Zip Code
LITTLE ROCK	AR	72202

Amount of Each Disbursement this Period

5764.65
---------

Purpose of Disbursement  
DIRECT MAIL PRINTINGCategory/  
Type

Transaction ID : SB17.5738

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. FACEBOOK**

Mailing Address 1 HACKER WAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

City	State	Zip Code
MENLO PARK	CA	94025

Amount of Each Disbursement this Period

250.47
--------

Purpose of Disbursement  
ONLINE SUBSCRIPTIONSCategory/  
Type

Transaction ID : SB17.5725

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

32315.52

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. FACEBOOK**

Mailing Address 1 HACKER WAY

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement  
ONLINE SUBSCRIPTIONS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 02 / 2014

Amount of Each Disbursement this Period

239.81
--------

Transaction ID : SB17.5753

**B. FACEBOOK**

Mailing Address 1 HACKER WAY

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement  
ONLINE SUBSCRIPTIONS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 16 / 2014

Amount of Each Disbursement this Period

501.12
--------

Transaction ID : SB17.5762

**C. FIVE STAR THEATER**

Mailing Address 701 CENTRAL AVE

City	State	Zip Code
HOT SPRINGS	AR	71901

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 28 / 2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.5740

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1240.93



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. HIGH VELOCITY PRING & GRAPHICS, LLC**

Mailing Address 25608 INTERSTATE 30

City	State	Zip Code
BRYANT	AR	72022

Purpose of Disbursement  
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 02 / 2014

Amount of Each Disbursement this Period

657.28
--------

Transaction ID : SB17.5709

**B. KLF & COMPANY**

Mailing Address PO BOX 22642

City	State	Zip Code
LITTLE ROCK	AR	72221

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 09 / 2014

Amount of Each Disbursement this Period

2466.99
---------

Transaction ID : SB17.5714

**C. KLF & COMPANY**

Mailing Address PO BOX 22642

City	State	Zip Code
LITTLE ROCK	AR	72221

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 28 / 2014

Amount of Each Disbursement this Period

304.52
--------

Transaction ID : SB17.5741

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3428.79

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. KLF & COMPANY**

Mailing Address PO BOX 22642

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

City	State	Zip Code
LITTLE ROCK	AR	72221

Amount of Each Disbursement this Period

2787.32
---------

Purpose of Disbursement  
FUNDRAISING CONSULTINGCategory/  
Type**Transaction ID : SB17.5756**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TRAIL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2014

City	State	Zip Code
BOCA RATON	FL	33496

Amount of Each Disbursement this Period

79.35
-------

Purpose of Disbursement  
OFFICE SUPPLIESCategory/  
Type**Transaction ID : SB17.5724**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TRAIL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

City	State	Zip Code
BOCA RATON	FL	33496

Amount of Each Disbursement this Period

15.24
-------

Purpose of Disbursement  
OFFICE SUPPLIESCategory/  
Type**Transaction ID : SB17.5731**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2881.91

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 75 OF 82

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TRAIL

City	State	Zip Code
BOCA RATON	FL	33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

41.58
-------

Transaction ID : SB17.5732

**B. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TRAIL

City	State	Zip Code
BOCA RATON	FL	33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

487.09
--------

Transaction ID : SB17.5758

**C. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TRAIL

City	State	Zip Code
BOCA RATON	FL	33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2014

Amount of Each Disbursement this Period

120.27
--------

Transaction ID : SB17.5766

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

648.94

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TRAIL

City	State	Zip Code
BOCA RATON	FL	33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

Amount of Each Disbursement this Period

32.25
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Transaction ID : SB17.5769

**B. PAYNAL CONSULTING**Mailing Address 103 MAIN STREET  
W204

City	State	Zip Code
LITTLE ROCK	AR	72201

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.5704

**C. PAYNAL CONSULTING**Mailing Address 103 MAIN STREET  
W204

City	State	Zip Code
LITTLE ROCK	AR	72201

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

Amount of Each Disbursement this Period

5000.00
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Transaction ID : SB17.5742

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10032.25
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PROVIDENT BUSINESS SOLUTIONS**

Mailing Address PO BOX 30306

City	State	Zip Code
LITTLE ROCK	AR	72260

Purpose of Disbursement  
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 28 / 2014

Amount of Each Disbursement this Period

162.43
--------

Transaction ID : SB17.5743

**B. RED CURVE SOLUTIONS**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 28 / 2014

Amount of Each Disbursement this Period

2695.75
---------

Transaction ID : SB17.5744

**C. THE SENTINEL-RECORD**

Mailing Address 300 SPRING STREET

City	State	Zip Code
HOT SPRINGS	AR	71902

Purpose of Disbursement  
PRINT MEDIA

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 19 / 2014

Amount of Each Disbursement this Period

1534.80
---------

Transaction ID : SB17.5727

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4392.80

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. THIRD WAVE COMMUNICATIONS, LLC**Mailing Address 448 W NATIONWIDE BLVD  
SUITE 106

City COLUMBUS State OH Zip Code 42315

Purpose of Disbursement  
VIDEO PRODUCTION SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

4595.75
---------

Transaction ID : SB17.5715

**B. THIRD WAVE COMMUNICATIONS, LLC**Mailing Address 448 W NATIONWIDE BLVD  
SUITE 106

City COLUMBUS State OH Zip Code 42315

Purpose of Disbursement  
VIDEO PRODUCTION SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

10000.00
----------

Transaction ID : SB17.5716

**C. THIRD WAVE COMMUNICATIONS, LLC**Mailing Address 448 W NATIONWIDE BLVD  
SUITE 106

City COLUMBUS State OH Zip Code 42315

Purpose of Disbursement  
VIDEO PRODUCTION SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

Amount of Each Disbursement this Period

550.00
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Transaction ID : SB17.5745

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

15145.75
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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 335 SECTION LINE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

City	State	Zip Code
HOT SPRINGS	AR	71901

Amount of Each Disbursement this Period

58.34
-------

Purpose of Disbursement  
POSTAGECategory/  
Type**Transaction ID : SB17.5760**

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

City	State	Zip Code
HOT SPRINGS	AR	71903

Amount of Each Disbursement this Period

1097.13
---------

Purpose of Disbursement  
IN-KIND: TRAVEL: MILEAGECategory/  
Type**Transaction ID : SB17.6359**

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: AR District: 04

Full Name (Last, First, Middle Initial)

**C. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

City	State	Zip Code
HOT SPRINGS	AR	71903

Amount of Each Disbursement this Period

123.03
--------

Purpose of Disbursement  
IN-KIND: PROMOTIONAL ITEMS: MAGNETSCategory/  
Type**Transaction ID : SB17.6358**

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: AR District: 04

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1278.50

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

City	State	Zip Code
HOT SPRINGS	AR	71903

Purpose of Disbursement  
TRAVEL: MILEAGE

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: AR District: 04

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2014

Amount of Each Disbursement this Period

2000.77
---------

Transaction ID : SB17.5777

**B. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

City	State	Zip Code
HOT SPRINGS	AR	71903

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: AR District: 04

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2014

Amount of Each Disbursement this Period

550.42
--------

Transaction ID : SB17.5778

**C. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

City	State	Zip Code
HOT SPRINGS	AR	71903

Purpose of Disbursement  
IN-KIND: TRAVEL: MILEAGE

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: AR District: 04

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2014

Amount of Each Disbursement this Period

704.44
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Transaction ID : SB17.6360

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3255.63





**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MR. CHAD AMERSON**

Mailing Address 1700 MALVERN AVENUE

City	State	Zip Code
HOT SPRINGS	AR	71901

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB20A.5711

**B.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00
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500.00
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